

Provider Maintenance Presumptive Eligibility Electronic Visit Verification (EVV)



Provider Maintenance

On the Provider Healthcare Portal



Keep profile current

- It is critically important for providers to keep profile information current
- Many updates can be made on the Provider Healthcare Portal (Portal) via the Provider Maintenance function
- The following are reasons to keep your address and contact information current:
 - Ensures providers receive important mailings from the Indiana Health Coverage Programs (IHCP)
 - Prevents returned checks
 - Makes sure the correct person is receiving emails
- Providers should assign specific staff to review profile information on a regular basis
- The provider contract requires information to be current



Provider maintenance



User Details

Welcome

- ▶ [My Profile](#)
- ▶ [Manage Accounts](#)



Provider

Name

Provider ID

- ▶ [Disenroll](#)
- ▶ [Provider Profile](#)
- ▶ [Provider Maintenance](#)
- ▶ [Enrollment / Revalidation Status](#)

- From the Portal home page, select **Provider Maintenance**
- If you are logged on as Provider, this function appears automatically
- If you are logged on as Delegate, the web administrator must provide you with this function



Provider maintenance

Provider Maintenance: Instructions



Instructions

Use these pages to submit any changes to your organizational information.

Please select the link on the left to access the information that you would like to maintain.

[Change of Ownership
\(CHOW\) Overview](#)

[Tax ID Changes](#)

Current Maintenance Pending Requests

[Contact and Delegated
Administrator Information
Changes](#)

There are no Pending Maintenance Requests to show.

[Address Changes](#)

[EFT Changes](#)

[Language Changes](#)

[ERA Changes](#)

[Other Information Changes](#)

[Rendering Provider Changes](#)

[Provider Identification
Changes](#)

[Disclosure Changes](#)

[Check Status](#)

- Select the tab for items that need updating
- Any pending maintenance requests are listed

Change of ownership (CHOW)

Provider Maintenance: Change Of Ownership

Change of Ownership Overview

A change of ownership would include, but is not limited to, any of the following circumstances:

- ▶ For a sole proprietorship - When a provider of services is an entity owned by a single individual, and transfers title and property belonging to the enterprise to another person or firm, whether or not including a transfer of title to the real estate; or if the former sole proprietor becomes one of the members of a business entity succeeding him or her as the new owner.
- ▶ For a partnership - A new partnership, or the removal, addition, or substitution of an individual partner in an existing partnership, in the absence of an express statement to the company in the partnership agreement that dissolves the old partnership and creates a new partnership.
- ▶ For a corporation - A new corporation; the merger of the applicant or provider corporation into another corporation; the consolidation of two or more corporations; or any change resulting in the creation of a new corporation. In an incorporated provider entity, the corporation is the owner. the governing body of the corporation is the group having direct legal responsibility under state law for operation of the corporation of the corporation's entity, whether that body is: a board of trustees; a board of directors; the entire membership of the corporation; or known by some other name.

Note: A change of ownership can result in the assignment of a new provider number. Long-term facilities (provider type 03) with provider specialties 030 (Nursing Facilities), 031 (ICF/MR), 032 (Pediatric Nursing Facility), and 033 (Residential Care Facility) retain their provider number and service location when a change of ownership occurs. When these provider specialties change ownership, the new owner shall accept the responsibilities of the previous owner as listed in the previous owner's provider agreement, and as required by 42 CFR 442.14.

All providers under new ownership are required to submit an entire IHCP Provider Enrollment. An entire Enrollment must be completed for each service location, including the submission of licenses and other supporting documentation and payment or proof of payment of an application fee. The new owner must also submit a copy of the purchase agreement, bill of sale, or other documentation to verify the change of ownership.

Type 03 provider with specialties 030, 031, 032, or 033, must go back to the Home page, and choose the Extended Care Facility CHOW link to report a change of ownership (CHOW). All other provider types, please log out of the Portal and go the Healthcare portal, Provider Enrollment link, and choose Change of Ownership from Enrollment Request Type drop down box. [Logout](#)

CHOW requires you to log out and use the Portal provider enrollment link (except provider type 3)

Tax ID update

Provider Maintenance: Request Tax ID Changes ?

You are initiating a change request. Complete the desired changes for fields in each section and click the "Submit" button to submit this change request. The contact person will potentially be contacted to answer any questions regarding the information provided in this change request.

* Indicates a required field.


Initial Enrollment Information

Classification Group

Provider Type Addiction Services

Tax ID Information

A Federal Tax ID (EIN) is used to identify a business entity, and a Social Security Number (SSN) is used to identify an individual.

*Federal Tax ID 

*Tax ID Type ☒ EIN ☐ SSN

Submit

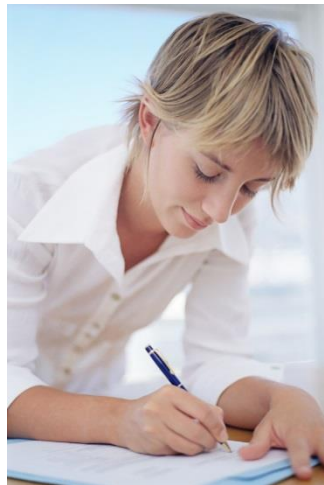
Cancel

Tax ID changes require a new *W-9 form*



Revalidation helpful tools

- *W-9 form*
 - The home office (legal) address on the IHCP's provider profile and on any enrollment transaction submitted to the IHCP **must match** the home office (legal) address reported to the Internal Revenue Service (IRS) on the *W-9 form*.



Revalidation helpful tools

- *W-9 form*
 - The home office (legal) address **must be the same** on the provider profiles for all IHCP service locations using the same taxpayer identification number (TIN). The TIN refers to a business' federal employer identification number (EIN) or an individual's Social Security number (SSN).

Note: Use the **most recent version** of the *W-9 form* found on the IRS website. Providers should download the *W-9 form* from the IRS website and **should not** copy previous versions of *W-9 form* for submission.



Revalidation helpful tools

- Incentives for submitting revalidations on the IHCP Provider Portal include:
 - Transactions are received same day
 - There are no postage costs
 - Supporting documentation can be uploaded electronically
 - Revalidation applications are prepopulated with most of the provider's existing information
 - Communication with providers regarding missing or invalid information is retained in the Portal for tracking purposes
- Providers must submit revalidations 30 days before due date to ensure that the revalidation is completed before the deadline and the enrollment is not terminated



Contact information

Provider Maintenance: Contact and Delegated Administrator Information



You are initiating a change request. Complete the desired changes for fields in each section and click the "Submit" button to submit this change request. The contact person will potentially be contacted to answer any questions regarding the information provided in this change request.

* Indicates a required field.

Contact Information

The contact name and email relate to the person who can answer questions regarding this location. Email addresses will be used for IHCP business only and will not be sold or shared for other purposes.

*Last Name

*First Name

Title

*Telephone Number

Telephone Number
Extension

Fax Number

*Contact Email 

*Confirm Email Address 

Preferred Method of Communication

Delegated Administrator Information

- Make sure you have the correct person assigned to receive telephone, fax, and email information
- A delegated administrator can be assigned or changed



Address updates

Provider Maintenance: Addresses ?

You are initiating a change request. Complete the desired changes and click the "Submit" button to submit this change request.

When adding or changing a Legal address, a new W-9 will be required as an attachment in this request.

* Indicates a required field.

Provider Addresses

The provider addresses identify the various addresses associated with the provider location, including those used for billing and payment. All four address types are required: Service Location, Legal, Pay To and Mail To.

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click **Remove** to remove the entire row.

	Type	Street	City	State	Action
+	Service Location				Copy Remove
+	Mail To				Copy Remove
+	Pay To				Copy Remove
+	Legal				Remove

You have reached the maximum number of addresses allowed for this list.

Submit

Cancel

General correspondence from the IHCP is sent to the Mail To address



EFT information

Provider Maintenance: EFT Information ?

You are initiating a change request. Complete the desired changes for fields in each section and click the "Submit" button to submit this change request.

Providers that would like to have their claim payments deposited into a bank account should enter their relevant information below.

The Indiana Health Coverage Programs (IHCP) will establish a direct deposit account with your financial institution for claims payment. After you have established electronic funds transfer (EFT), the IHCP will electronically transfer payments into the account you specify on this form.

It takes approximately 18 days for the bank to process and completely establish your EFT account. If you bill claims before your EFT activation, paper checks will be mailed to the *Pay To* address documented. When your EFT account becomes active, direct deposits begin.

* Indicates a required field.

Provider Identifiers Information

Provider Federal Tax Identification Number (TIN)
Employer Identification Number (EIN) or Social Security
Number (SSN)
Provider National Provider Identifier (NPI)

- EFT is highly recommended as it eliminates the possibility of lost, stolen, or returned checks
- Takes approximately 18 business days to set up or change
- If you do not elect EFT, your paper check goes to your Pay To address

Provider Agent Information

Provider agent Information is optional. If you wish to include provider agent information with your application, please click the checkbox and enter the required information. If you uncheck the checkbox, any data entered will be removed.

☐ Does account belong to a provider agent (billing agent)?

Financial Institution Information

Provide banking information

Rendering provider updates

Provider Maintenance: Rendering Providers

Rendering Providers

If you are adding new rendering providers, you will be required to supply a Rendering Agreement and Attestation Form for each. You are allowed to upload up to **10** Rendering Agreement and Attestation Forms. Any additional forms must be sent by mail along with the ATN coversheet presented at the end of this process.

* Indicates a required field.

*Rendering Linkage Effective Date

Rendering providers who are enrolled,
can be linked to your groups

*Either a Provider ID or NPI is required.

Only currently enrolled rendering providers can be added to this group provider

NPI

Provider ID

*I accept ☐

I attest that a signed Rendering Provider Agreement and Attestation Form will be sent by mail along with the coversheet furnished at the end of this application submission.

Please use the link below to obtain a copy of the most current Rendering Provider Agreement and Attestation Form. Both the group's owner or authorized official and the rendering provider must sign this form.

Attach one Agreement per Group Tax ID for each rendering provider

[Rendering Provider Agreement and Attestation Form](#)



Rendering Agreement and Attestation forms must be uploaded or mailed

- If mailed, must be mailed with cover sheet



Provider identification

Provider Maintenance: Provider Identification

You are initiating a change request. Complete the desired changes for fields in each section and click the "Submit" button to submit this change request.

* Indicates a required field.

Provider Legal Name

WARNING - The legal name and provider federal tax identification number (TIN) must match the information on the W-9. The provider legal name is considered to be the entity maintaining ownership of the named business. The legal name must match the information registered with the Secretary of State, if registered. If this Legal Name and Tax Identification Number is associated with more than one provider ID, the legal name change will be applied to all provider IDs associated with this Tax ID (W-9).

*Is the change in Legal Name a result of a Change of Ownership? ☐ Yes ☒ No

*Provider Legal Name

The doing business as (DBA) name identifies the site where members obtain services and that is owned or rented by the provider. The DBA name must match the business name on the W-9.

Doing Business As Name

Organizational Structure

- If your business is chain affiliated, the information about the company or organization must be included in the disclosure information.
- If your business is operated by a management company or leased (in whole or in part) by another organization, information about the management company or organization must be included in the disclosure information.
- Entities doing business in Indiana, except for informal associations such as sole proprietorships or general partnerships, must be registered with the Secretary of State. Go to in.gov/sos to find out how to complete the registration process.

*Organization Type

Information that can be changed include; tax classification, NPI, taxonomy codes, certification information, Medicare number, CLIA, and DEA



Provider maintenance status

Provider Maintenance: Status ?

Enter your assigned Tracking number and Federal Tax Identification Number(TIN, EIN, or SSN) to verify the current status of your change request. For any further queries, please use Contact Us or Secure Correspondence.

* Indicates a required field.

*Tracking Number

Tracking Number is a required field.

*Provider Federal Tax Identification Number(TIN),
Employer Identification Number(EIN),
or Social Security Number(SSN) ⓘ

Search

Cancel

- Always write down the application tracking number (ATN)
- The ATN allows you to track the status of your submission
- ATN is needed if you make inquires about your submission



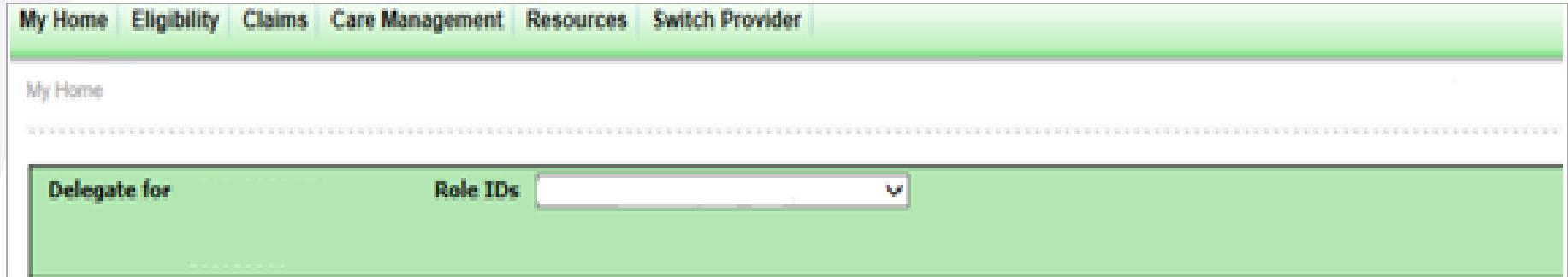
Presumptive Eligibility

Eligibility verification on Portal




Presumptive Eligibility verification

To access the Eligibility Verification Request function, log in to the Portal and click **Eligibility**



The screenshot shows a web portal interface. At the top is a green navigation bar with the following links: My Home, Eligibility, Claims, Care Management, Resources, and Switch Provider. Below the navigation bar, the text "My Home" is visible. Further down, there is a green-bordered section containing the text "Delegate for" and "Role IDs" followed by a dropdown menu.

Presumptive Eligibility verification

Benefit Details 			
Coverage	Description	Effective Date	End Date
Presumptive Eligibility Package A Standard Plan	Presumptive Eligibility Package A Standard Plan	05/02/2019	05/02/2019

Coverage	Description and Copayment Message	Copay Amount
Presumptive Eligibility Package A Standard Plan	Medical Care - Copay is not applicable to this type of service.	\$0.00
Presumptive Eligibility Package A Standard Plan	Chiropractic - Copay is not applicable to this type of service.	\$0.00
Presumptive Eligibility Package A Standard Plan	Dental Care - Copay is not applicable to this type of service.	\$0.00
Presumptive Eligibility Package A Standard Plan	Hospital - Copay is not applicable to this type of service.	\$0.00
Presumptive Eligibility Package A Standard Plan	Emergency Services - Copay is not applicable to this type of service.	\$0.00
Presumptive Eligibility Package A Standard Plan	Pharmacy - Copay is not applicable to this type of service.	\$0.00
Presumptive Eligibility Package A Standard Plan	Medically Related Transportation - Copay is not applicable to this type of service.	\$0.00
Presumptive Eligibility Package A Standard Plan	Vision (Optometry) - Copay is not applicable to this type of service.	\$0.00
Presumptive Eligibility Package A Standard Plan	Mental Health - Copay is not applicable to this type of service.	\$0.00
Presumptive Eligibility Package A Standard Plan	Urgent Care - Copay is not applicable to this type of service.	\$0.00
Presumptive Eligibility Package A Standard Plan	Hospital - Inpatient - Copay is not applicable to this type of service.	\$0.00
Presumptive Eligibility Package A Standard Plan	Hospital - Outpatient - Copay is not applicable to this type of service.	\$0.00
Presumptive Eligibility Package A Standard Plan	Professional (Physician) Visit - Office - Copay is not applicable to this type of service.	\$0.00

This member was eligible for Presumptive Eligibility- Package A Standard Plan on date of verification



Presumptive Eligibility benefit plans

- Effective January 1, 2019
- Adult (mirrors *HIP Basic*)
- Family Planning Services only
- Package A Standard Plan
- Pregnant women

All Presumptive Eligibility benefit plans are traditional fee-for-service Medicaid



Electronic Visit Verification

Electronic Visit Verification (EVV)

- The *21st Century Cures Act* directs state Medicaid programs to require providers of personal care services and home health services to use an EVV system to document services rendered
- Federal law requires that providers use the EVV system to document the following information:
 - Date of service
 - Location of service
 - Individual providing service
 - Type of service
 - Individual receiving service
 - Time the service begins and ends



Electronic Visit Verification (EVV)

- See *IHCP Provider Bulletin* [BT201855](#) for specific procedure codes and modifier combinations for personal care services, which IHCP requires use of EVV



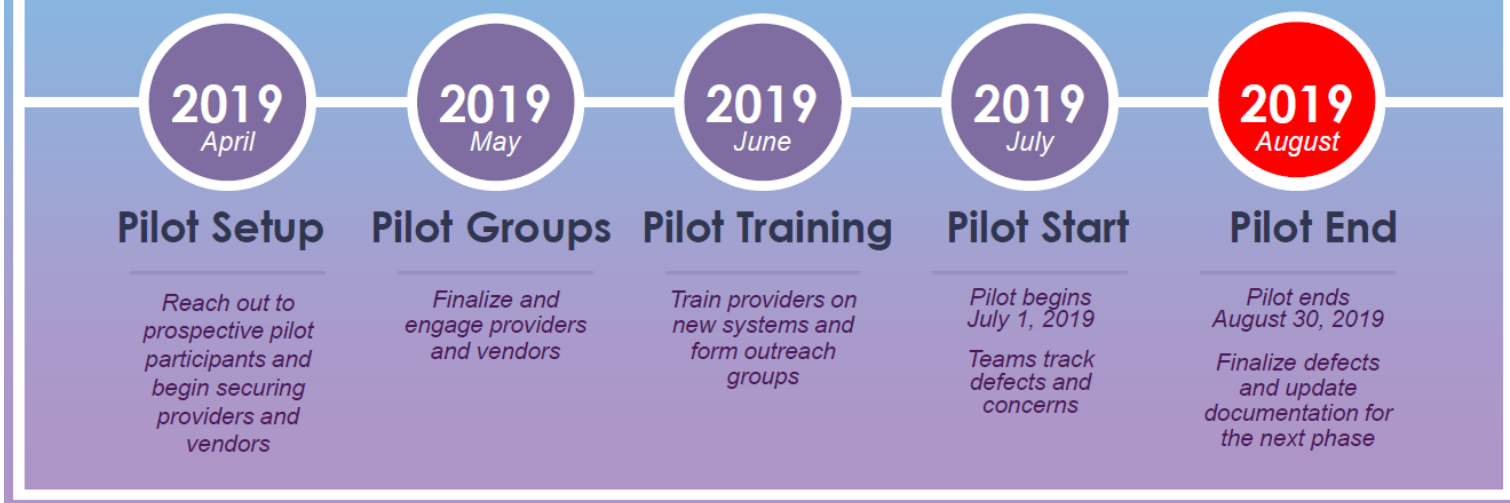
Electronic Visit Verification (EVV)

- The IHCP will implement use of an EVV system to document:
 - Personal care services by January 1, 2020
 - Home health services by January 1, 2023
- For detailed information about EVV, see the [Electronic Visit Verification](#) web page

EVV pilot overview

Indiana EVV

Pilot Overview



EVV soft launch and go-live

Indiana EVV

Soft Launch and Go-Live



Soft Launch

Sandata will accept any providers that wish to begin EVV

Claims continue to post and pay according to current guidelines



Go-Live Prep

Final training for providers and any final communication made to providers and members



Go-Live

Claims will now deny based on EVV rules



Monitor EVV

Monitor the EVV project and look for inconsistencies with claim processing and accounts receivable recoupment



Support Phase

Ongoing help desk and maintenance will continue from this point forward



Helpful tools

Helpful tools

Provider Relations Consultants



REGION	FIELD CONSULTANT	EMAIL	TELEPHONE	COUNTIES SERVED
Illinois Michigan	1 Jean Downs	INXIXRegion1@dxc.com	(317) 488-5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley Chicago, Watseka Sturgis
	2 Shari Galbreath	INXIXRegion2@dxc.com	(317) 488-5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware Fountainm Grant, Howard, Hutington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White Danville
Illinois	3 Crystal Woodson	INXIXRegion3@dxc.com	(317) 488-5324	Boonem Hamilton, Hendricks, Johnson, Marion, Morgan
Kentucky	4 Ken Guth	INXIXRegion4@dxc.com	(317) 488-5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderbirgh, Vermillion, Vigo, Warrick Owensboro
	5 Virginia Hudson	INXIXRegion5@dxc.com	(317) 488-5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Hancock, Henry, Jackson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne Louisville Cincinnati, Harrison, Hamilton, Oxford
Kentucky Ohio	Judy Green		(317) 488-5026	All other out of state areas not previously listed
Team Lead	Jenny Atkins		(317) 488-5032	

Helpful tools

IN.Gov:

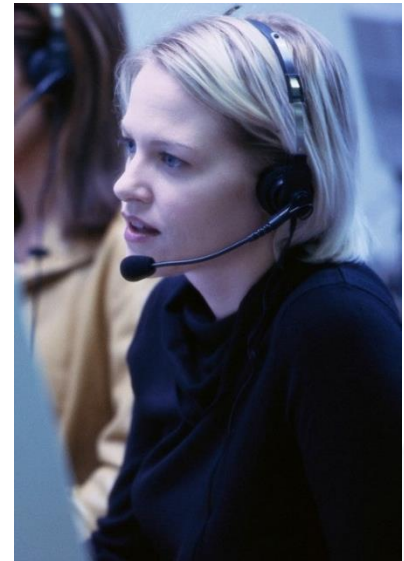
- IHCP Provider Reference Modules
- Medical Policy Manual
- Contact Us – Provider Relations Field Consultants

Customer Assistance available:

- Monday – Friday, 8 a.m. – 6 p.m. Eastern Time
- 1-800-457-4584

Secure Correspondence:

- Via the Provider Healthcare Portal
- Written Correspondence:
DXC Technology Provider Written Correspondence
P.O. Box 7263
Indianapolis, In 46207-7263



Questions